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**JUL 21 2005**

Atty Docket No. 021911-000400US

PTO FAX NO.: (571) 273-8300

ATTENTION: Examiner Larry R. Helms

Group Art Unit 1642

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I hereby certify that the following documents in re Application of Alan Kingsman, et al. ,  
Application No. 10/016,686, filed November 2, 2001 for ANTIBODIES are being facsimile  
transmitted to the Patent and Trademark Office on the date shown below.

Documents Attached

1. Transmittal Form (1 pg.)
2. Petition for Extension of Time (1 pg., 1 dup.)
3. Amendment (6 pgs.)

Number of pages being transmitted, including this page: 10

Dated: July 21, 2005

  
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/016,686
	Filing Date	November 2, 2001
	First Named Inventor	Kingsman, Alan
	Art Unit	1642
	Examiner Name	Larry R. Helms
Total Number of Pages in This Submission	Attorney Docket Number	021911-000400US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature	<i>Karen Babysak Dow</i>	
Printed name	Karen B. Dow	
Date	July 21, 2005	Reg. No. 29,684

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature	<i>Pamela Skelton</i>		
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